

## **State and Regional Primary Care Association Technical Assistance Call**

**Moderator: Denise Nguyen**

**March 13, 2012**

**1:00 pm ET**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen only mode. To ask a question during the question and answer session please press star then one on your touchtone phone. Today's conference is being recorded; if you have any objections you may disconnect.

Now I'd like to turn the call over to your host Miss Denise Nguyen. Ma'am you may begin.

Denise Nguyen: Hi, I'm Denise Nguyen. I'm from the office of Policy and Program Development within the Bureau of Primary Health Care. Thank you for joining us.

The purpose of this call is to provide you an overview of the fiscal 2012 State and Regional Primary Care Association or PCA Cooperative Agreement. This funding opportunity or FOA was released on March 2<sup>nd</sup> and the FOA number is HRSA-12-114.

I'm also joined by our Bureau's Associate Administrator, Jim Macrae who will say a few words before we begin.

Jim Macrae: Great. Thank you Denise and good morning, good afternoon everybody. Welcome to today's call.

We are very pleased to be having this call today to share this funding opportunity announcement. As you all know for those who have known me for a while we really do believe strongly in our partnership with our State and Regional Primary Care Associations. We see this as a critical investment and a key part of our strategy to make sure that we continue to focus on providing good TA and training support to our health centers, to help us accomplish our overall mission of improving the health of underserved populations.

In particular we see the investments that we're making in our State Primary Care Associations complimenting the investments that we make through our National Cooperative Agreement partners as well as the individual investments that we make through our TA consultants to help with individual grantees. We really see the role that you all play at a state and regional level being critical because you all are at the front lines of what's going on within the state environment in terms of the financing, in terms of marketplace, in terms of just what are the issues that your grantees, the health centers are addressing. So we believe that this is critically important investment and we're very pleased to have this opportunity to share this year's guidance.

In terms of this year's guidance, I think if you've had a chance to take a look at it and I would encourage you to definitely read it thoroughly, there are a set of slides and materials which Denise will tell you where they are on our Website so you have access to all of that information. But in particular I think you'll within the guidance itself as well as the expectations in terms of filling out the application that we really are focused on several core areas for our Primary Care Associations. And these core areas reflect not only what we

want our PCAs to be working on but they're also our key goals in terms of our program.

So in particular you'll see an expectation and a requirement that you actually work with us to help the health centers meet the program requirements, that there's an expectation that you all would work through the cooperative agreement to help health centers become recognized as patient center medical homes, to assist health centers to actually exceed or -- to meet or exceed Healthy People 2020 goals and expectations, to continue to work with health centers to keep their costs below the national average increase to make sure that the care that's provided at health centers is cost effective and finally working with health centers to help keep them financially viable, to basically make sure that there are no issues with respect to going concern in terms of their operations.

In particular we believe that this award instrument as a cooperative agreement is important because it again reflects our belief that the best way to provide TA and training is through a cooperative relationship -- really a partnership -- between us at the federal level and you all at the state level. And in particular where we want to focus most of our time and attention is working with you at a statewide level in terms of providing that support. By you all being positioned at the state level you can see what's happening with respect to the health centers across the state and identify what are those key needs or activities that need to be undertaken and then develop a strategy and a work plan to actually address those needs.

That's different than what we do at a national level and it's different than what we do at an individual grantee level. It really is taking that strategic view of what's happening at a state level to then address these key goals and

objectives that we have in terms of helping health centers meet the requirements, improve their clinical and financial performance.

In addition we've identified a set of other key areas that we're asking each of our PCAs to address and speak about as part of their cooperative agreement. And we'll go into much more detail on these but I did want to just touch on those quickly. One is we see it as a critical function of PCAs to provide information on available resources. It is critically important -- especially as the program continues to grow -- that there are places in particular in our state Primary Care Associations where people can go to get information on opportunities to grow or to become a health center.

Second, we think it really is important from where you all sit to do that annual PCA and training assessment to really truly understand what are the key TA and training needs of the health centers within your state or region. And by that existing set of health centers we mean not just the current federally funded health centers but also your FQHC Look-Alikes. And to really do that ongoing assessment of what are those needs because we all know that those needs change over time and can change quickly depending on again what happens at the state environment or a particular issue in a community or sets of communities across your state.

The third key piece for us -- and is a new requirement -- is that every Primary Care Association we're asking them to identify a particular point person to be responsible for understanding and working on issues related to special populations. We feel like this is a critical piece in terms of the activities that we're doing nationally and we really feel it's essential that at least one person on every Primary Care Association be identified to really work on special population issues, whether that's farm worker health issues,

healthcare for the homeless or residents of public housing issues. We really do believe that this is important and it really reflects our commitment to make sure that as we're developing our programs, as we're providing our TA and training that it recognizes the unique features of those programs and develops technical assistance that reflects those unique features.

The fourth key requirement is around collaboration of nothing new for most of you but really continuing your efforts to support collaboration in particular at a statewide level in terms of developing those relationships with your State Primary Care Offices, State Offices of Rural Health, Medicaid, state health department officials, and others who are committed to improving the health of underserved populations. We really do see this as one of your critical functions in terms of continuing to foster those types of relationships which ultimately are beneficial for the health centers and for us where we sit.

Fifth area is around emergency preparedness, we all know that it's critically important that you all take the lead in terms of really assessing where you are in terms of your emergency preparedness response and we've witnessed, unfortunately, with some past experiences with emergencies, you really need to be doing that before an emergency happens. Develop those relationships and those partnerships with your state and local emergency preparedness coordinators because when you're in an emergency you can't develop relationships; it doesn't work. It's really important to do it beforehand and so we want to just make sure that you all continue that effort to participate in statewide and regional emergency preparedness and response plans; making sure that health centers are fully engaged.

And the last two pieces relate to really one of the key functions that you all play is to provide statewide and regional surveillance really on what issues are emerging that are impacting on health centers within your state or region. In particular, you know, issues that are impacting their ability to -- whether it's meet requirements, perform clinically or perform financially but just any of these sort of key regional state regulatory or administrative activities that we just really need to be aware of in terms of supporting the health centers is important.

And then finally the last piece is -- and we anticipate being able to have a number of newly funded health centers this year and hopefully more in the future but providing that support in particular for our newly funded health centers to get off the ground and up and running quickly. And really doing a concentrated effort to work with those particular grantees in terms of their needs and assessments; in a lot of cases setting up mentor relationships, other activities that will help them be successful not only in the short term but also in the long term. We think that's critically important.

So you will see all of these different activities and Denise will walk you much more detailed through these in terms of the work plan and the different aspects but the main message that I want to just communicate is that we really do see this cooperative agreement investment as a true partnership. You'll see that one of the expectations that we have going forward after the awards is that you work with your project officer as well as project officers with the health centers to identify what are those key TA and training needs. And then to develop a plan that again addresses those needs on a statewide level and will ultimately have the most impact -- in terms of whether it's dealing with program requirements, clinical or financial performance -- to

really make sure that our programs and the investments that we make across the board are successful.

One last thing that we know we must provide to you all and we will be making this information available because if we want to be in a real partnership we need to share data and information is that we will be providing you with data and information on all of the aspects of the goals that we've identified in terms of the percent of health centers that are having issues with program requirements, where we are in terms of the percentage of health centers that have been recognized as patient medical center homes or have exceeded Healthy People 2020 goals or on the financial side are having either financial viability concerns or their costs are higher than the current national increase of cost.

So we will be providing that information to you all. That will be available to existing Primary Care Associations in the EHB system probably within the week or so in terms of getting that information out to you all. And for those who are new to the program and are interested in applying you can contact Denise for that information that we'll make available in about a week.

The very last item that I just wanted to highlight because it has been a question that's come up before is that these awards will be made September 1 and they will be up to a five year project period. Many folks have asked in the past whether we could extend the project period to five years; we will be extending it a total of five years in terms of the project period, of course depending on the quality of the application that you submit.

And that is critically important in terms of as your developing your application making sure that you fully address all of the different aspects of

the application guidance in terms of all of the requirements. It is critically important that you completely fill out your application, number one. Number two that you completely address the different review criteria because all these applications will be reviewed by an objective review committee and the only materials that they will have is what you actually submit in your application.

So we strongly encourage -- as I started this call -- to thoroughly review the application guidance, make sure that as you submit your application it's fully complete and most importantly make sure that you are addressing clearly the criteria. As I've said to many people as they're developing their applications don't assume anything, make it very clear from A to B to C; don't jump that B step, make it very clear about what it is that you're actually addressing and how you're responding to that particular criteria. It's very important in terms of the review.

So with that we're very excited -- like I said -- to have this opportunity and I will turn it over to Denise to walk you through more of the particulars of the guidance itself. And if you haven't had the chance I would encourage you to take a look at the slides that are available on our Website. Denise?

Denise Nguyen: Thank you Jim.

Yes, the slides are posted on the technical assistance website located at <http://www.hrsa.gov/grant/apply/assistance/PCA>. So if you do not have the slides in front of you I will also refer to the page numbers in the funding opportunity announcement or FOA. Also a digital recording of this call of will be posted on our technical assistance website.



The agenda for today's call includes the following topics: first on overview of the FOA, second eligibility requirements, third the two-tiered electronic submission process followed by requirements for the project narrative and project work plan, then technical assistance contacts and important reminders, and a final question and answer session.

The purpose of this FOA is to establish cooperative agreements with organizations to provide statewide or regional training and technical assistance or TA to all existing section 330 health centers, regardless of PCA membership. It's also to provide TA to all interested organizations seeking section 330 resources. Existing health centers include section 330 grantees and federally qualified health center look-alikes. Potential health centers include organizations that seek to become section 330 grantees; that includes planning grant awardees and organizations applying for new access points.

The PCA TA requirements are listed on pages three to six of the FOA. There are two overarching requirements. Requirement one, PCAs are expected to conduct statewide or regional health center TA activities based on the needs of existing health centers. The Program Requirements TA activities will focus on improving program compliance in the state or the region and Performance Improvement TA activities will focus on strengthening the clinical and financial performance in the state or the region. If a TA needs assessment has not been conducted within the past 12 months, organizations may propose activities based on previous knowledge or lessons learned over the past two to three years.

For requirement two, PCAs are expected to provide statewide or regional program assistance to existing and potential health centers based on the

statewide or regional and HRSA/BPHC priorities. Note that any activity for which a PCA recipient organization uses HRSA funds must be made available to all existing health centers regardless of HRSA grant status or membership in the PCA if the recipient is a membership organization.

The following slide [slide 5] summarizes the performance goals and the TA focus areas for requirement one. I will provide more details in the project work plan section. So there is one program requirements goal and that is the percent of health centers with no program condition. Applicants will need to select at least three TA focus areas from this list. So for example, it can be need, services, or governance. You'll also be able to add two additional TA focus areas. There are four performance improvement goals: two clinical, two financial. Applicants must address the two required TA focus areas which are clinical performance measures and financial performance measures.

There are no statewide or regional program assistance goals. Applicants will need to address all seven of the TA focus areas that are on this list. For example, for special populations, develop strategies for addressing the unique health needs of special populations in the state or the region. This includes identifying a special population point of contact, as appropriate.

HRSA anticipates awarding approximately \$43 million annually to establish 51 cooperative agreements. As Jim mentioned, the project period will be up to 5 years so that's fiscal years 2012 through 2016. Note that funding beyond the 1-year budget period is subject to availability of funds, satisfactory progress, and a determination that continued funding is in the best interest of the federal government. The project period start date will be September 1, 2012. Current PCA grantees with a project period ending March 31st received a 5-month project period extension with funds from April 1st

through August 31st. The revised notices of award were released on March 1st.

An organization's request for funding cannot exceed the annual level of federal section 330 funding that is currently provided in the state or the region. Current grantees can refer to line 19 of the latest notice of award. A new organization can call me to obtain that information. My phone number is 301-594-4300. Entities that can provide TA on a statewide or regional basis to community based organizations are eligible to apply. See page seven of the FOA for eligibility requirements. Note that applicants with no experience working with potential or existing health centers and community based providers with similar missions will not be competitive. Therefore, it is up to the applicant to determine whether they will be competitive in providing TA to existing section 330 health centers and potential health centers as noted in the FOA. Please refer to the resources and capabilities section of the FOA as a resource for assessing your organization's capacity to carry out the PCA recipient roles and responsibilities.

See page 26 of the FOA for funding restrictions. Funds may not be used for activities such as those not approved under the cooperative agreement and/or lobbying activities.

HRSA will use a two-tiered submission process which I will describe shortly. For phase one, the Grants.gov the deadline is April 2nd, 2012, by 8:00 pm ET. In phase two, the deadline in HRSA electronic handbook or EHB is April 26th by 8:00 pm Eastern Time. Applicants who do not complete phase one by the deadline will not be able to move to phase two and therefore will not be able to submit an application. There's also an 80-page limit. We urge you to print your application in advance to ensure that it does not exceed that 80-page

limit. Please refer to HRSA's electronic submission user guide specifically, sections two and five, for the competitive application and submission process as well as formatting instructions.

Refer to tables two through four on pages 10 to 14 of the FOA for a list of forms and attachments that need to be submitted in each phase. Applicants should register early in phase one because the process may take up to one month. So if you have not done so already please register with Grants.gov after this call. CCR registrations expire annually so be sure that your organization is registered prior to applying. It's also important to register for a DUNS number as applications will not be reviewed without this number.

Please monitor your email and spam accounts for potential notifications and error messages. If your application was rejected due to an error, you must correct the application and resubmit it to Grants.gov before the posted deadline. Upon successful completion of the Grants.gov submission, applicants will receive an email confirmation with a tracking number. The email notification to begin phase two will be sent on or around 7 business days following the Grants.gov validation.

In the Grants.gov phase, you need to submit four required forms. SF-424 Application for Federal Assistance; for instructions on how to complete this form, please refer to page 15 of the FOA. In this form on line 15 you'll upload the project abstract which should be single space and one page in length. More details on that is listed on page 20. And on line 16, upload additional congressional district if it is applicable.

Other required forms include the Performance Site Location Form, Grants.gov Lobbying Form -- which is also the same as the Certification

Regarding Lobbying Form -- and the standard SF-424B, Assurances for Non-Construction Programs. For the Grants.gov Lobbying Form and the SF-424B, provide the requested information at the bottom of the form. If applicable, complete the Disclosure of Lobbying Activities, SF-LLL, if your organization is engaged in such activity. This form is different from the Grants.gov Lobbying Form.

Once an application is successfully submitted through Grants.gov and downloaded in EHB, HRSA will issue the applicant a tracking number. The Project Director and Authorizing Official must register in EHB. Note that registration in EHB is independent of Grants.gov registration. To access an application in EHB, registered users will need to have their grant announcement number (which is HRSA-12-114), the Grants.gov tracking number (which usually begins with Grant followed by eight digits), and the EHB tracking number.

In phase two, the following forms are required in EHB. In the Project Narrative Form, please upload your Project Narrative, complete the SF-424A, which is the Budget Information for Non-Construction Programs. For guidelines on completing this form, see pages 16 to 17 of the FOA. In Form 1A in EHB, provide general information about your organization and indicate the state or region that you plan to serve. You'll see a list of states and territories listed in alphabetical order, so select multiple states or territories as needed.

To provide structure to the project work plan, HRSA has made the Project Work Plan Form a program specific form. Applicants will enter information directly into EHB; this is not a document that you will upload into the system. For detailed instructions with screenshots, refer to the PCA User Guide which

is also posted on the technical assistance website. A sample work plan is also posted for your convenience.

Applicants will also need to upload attachments in EHB. You can find the list on table four on pages 13 to 14. For attachment one, identify the total personnel who will be supported under this cooperative agreement. See page 19 for details on how to present this information and go to the TA website for a sample. For attachments two and three, upload position descriptions and biosketches for key personnel. Attachment four, provide evidence of proposed collaborations with other HRSA supported providers of TA -- for example national cooperative agreement awardees or Primary Care Offices and other state organizations, for example the regional extension centers. The letters of support should be dated and they should all be merged into one PDF file for upload.

For attachment five, include the year 5 budget; the SF-424A form currently supports budget amounts for the first 4 years only. So you'll need to upload a copy of sections A and B here. For attachment six, upload a 5-year budget justification, align items budget for each year of the project period. See pages 17 to 19 for more details. A sample budget justification is also posted on our technical assistance website. And if applicable, include a summary of contracts and agreements. Include any other documents that are relevant to the project referenced in your Project Narrative in attachments eight through 12. For example, survey instruments or a needs assessment report. Merge similar documents into a single document and upload it here. All attachments will count toward the 80-page limit.

What is required in the Project Narrative? The required elements are provided on pages 20 to 24 of the FOA and are linked to six review criteria.

See pages 30 to 33 for specific review criteria details and scores for each element of the Project Narrative.

For need, describe the statewide or regional TA needs based on a current or previous TA needs assessment as well as related health center programs reports that will be provided by HRSA.

For the response section discuss how the TA activities proposed in the 12-month project work plan are consistent with the need section of the application, as well as address the immediate TA needs of the state or the region, and discuss how the TA activities are appropriate for the long term 5-year project period. Note that the one year project work plan that you complete electronically in EHB is part of this element.

For collaboration, describe formal and informal collaboration and the coordination of services with other HRSA supported providers of TA and other state based organizations. Evidence of your proposed collaborations should be uploaded in attachment four under letters of support.

And under resources and capabilities, describe why your organization is appropriate to receive funding. New organizations must demonstrate that the TA delivery plan will be operational within 30 days of the award.

In EHB, the project work plan is divided into four sections. Section A focuses on program requirements TA. Section B1, clinical performance improvement. Section B2, financial performance improvement TA. And then section C is focused on statewide and regional program assistance. For detailed instructions on how to enter information directly into the project work plan please refer to the PCA user guide. And also instructions are provided in

appendix B of the FOA and again the sample is provided on our TA website. Note that the project work plan should cover the first budget period and address only activities to be supported under the HRSA PCA cooperative agreement.

All of the goals are linked to requirement one on this slide [slide 18]. So in EHB, you will enter for example for the program requirement goal, percent of health center program grantees with no program conditions on their notice of awards. You'll be expected to plug in a value for that and provide a target goal for the end of the five year project period. This information will be used to measure the statewide or regional impact of the TA activities and monitor progress toward achievement of the goals throughout the 5-year project period. So again HRSA will provide the program reports and new organizations can contact me directly to obtain the baseline data.

Within the project work plan, applicants will identify their measure of success by outlining quantifiable expected outcomes for each of the TA activities. The key components of the project work plan are outlined in this slide [slide 19]. You can also refer to it in Appendix B which is on pages 40 to 41 of the FOA. The components include project goal percentages, key factors, TA focus areas, activities, person or area responsible, time frame, and expected outcomes.

For key factor, identify three to five key factors that contribute to and restrict progress on achieving your goal. Identify at least one restricting factor and one contributing factor. In EHB if you list for instance three factors and they're all restricting factors, you will receive an error message, so be sure you have one restricting and one contributing factor.



In the TA focus area, once you've identified the key restricting and contributing factors, identify areas that are appropriate and effective in achieving the proposed goal. And in activity, identify two to five major activities that you will implement for each TA focus area. Within each activity, identify at least one person responsible, time frame, and expected outcome. It is optional to add supplemental information regarding to or related to the entries in the comments box. You can also leave this field blank.

For expected outcomes, identify at least one quantifiable outcome that will result directly from your TA activity. Since this is a 12-month project work plan, short-term expected outcomes must be measurable by the end of this budget period. However longer term expected outcomes may also be proposed since some activities will not have measureable outcomes within one year but these outcomes will be provided in subsequent years of the project period; for example staff retention rates.

This table [slide 20] summarizes the minimum and maximum number of key components required in each section of the project work plan. The character limit information is also included. This table can also be found on page 41 of the FOA.

So as you can see there are four sections that I mentioned earlier. Section A, program requirements; section B, clinical performance improvement; the second section B is financial performance improvement; and section C focus on the statewide or regional program assistance. In the goal row you'll notice that for section A there is one required goal. There are two required clinical goals, two required financial goals and in section C there are no goals.

And then in terms of the TA focus areas, for section A there's a minimum of three TA focus areas that you must select. You have the option to add two additional TA focus areas. In section B, there is one required TA focus area: clinical performance measure. And in the section B there's also one required financial performance measure TA focus area. And in section C, the statewide program assistance, you'll have to address all seven of these required TA focus areas.

I also want to note that when you are entering information into EHB one of the challenges that you may face is adding a second activity. In the system what it allows you to do right now is when you provide your goal percentage, then include the key factors and then activities, you'll be able to add one activity and then receive an error message. So what you want to do is make sure that you click on the save button and then once you start to add a second, third, fourth or fifth activity -- there's a maximum of five activities that you can add -- you would have to start the process over and click on the TA focus area, add a second activity under the activity description and then provide all of the other details related to it.

Since this is not a fillable form we wanted to help make sure that your activities belong in the TA focus area that you meant to put it in. So while the process may seem very circular it will ensure that accurate information is captured in the appropriate fields of the form. So the PCA User Guide is extremely helpful in this process and I would definitely refer you to pages 31 to 38 as that's where you may encounter the most problems with using this form.

Just a reminder, please develop a realistic timetable and work plan that outlines the extent to which you will be able to complete each activity within

the 12-month period as well as a description of how each activity will contribute to the overall goals and expected outcomes of the project.

There are many helpful resources. Your first stop for information is our technical assistance website. New FAQs will be added as necessary so please check this site frequently. So right now we have FAQs posted in addition to slides, the sample project work plan, staffing plan, and budget justification and also the PCA User Guide. And I want to note that there are two user guides posted. The first one is the HRSA electronic submission user guide which is a general overview of how to apply and then the PCA User Guide is specifically the user guide that you'll refer to most of the time as you're trying to enter information into the work plan.

So a replay of this call will be available within one week and it will be posted on the website. For additional technical assistance, please feel free to contact me at [bphcpca@hrsa.gov](mailto:bphcpca@hrsa.gov) or 301-594-4300. You can also find other agency contacts on page 37 of the FOA. For assistance with completing and submitting an application in EHB contact the (BPHC) helpline and BPHC helpline will remain open until 8:00 pm Eastern Time on the EHB due date. That concludes my presentation.

Jim Macrae: Great. I think at this point why don't we take questions. Thank you Denise. That was great.

Coordinator: Thank you. If you would like to ask a question, please press star then one and one moment please. Again, star one; one moment.

Our first request now from (Mary Lucher). Your line is open.

(Mary Lucher): Hi, thank you for this guidance. I do get a little confused about the five year project period and how much of a work plan we're asked to put in. And maybe it was - I don't have the slides in front of me but are you expecting work plans that cover the entire five years because I also heard you talk about the outcomes and they may not be doable in one year. So can you say a little bit more about doing a five year budget - or project period? It sounded like you wanted a one year work plan. What do you do about the second, third, fourth years? And - yes, that would help me. Thank you.

Denise Nguyen: Yes, so the project work plan is for 12-months period. However because certain expected outcomes can't be tracked in the first budget period you can include the long term expected outcomes. So the project work plan is for 12 months however when it's time for renewal you'll be able to provide updates, as needed. So it could reflect information related to the 5 year project period.

Jim Macrae: So basically you do a one year work plan but as part of your expected outcomes it may be something that you won't see after the first year; it may be something that you see by the end. But it's what you expect to have happen as a result of that activity as well as subsequent activities later in the work plan. But for purposes of doing the work plan just do it for this coming year.

(Mary Lucher): Okay. Second question, progress reports, I didn't hear any mention of that. It usually -- or it has in the past -- been part of a grant application, where you've shown all the progress that you've made on the previous 12 months.

Jim Macrae: In terms of for this application, because this is a new project period, there's not the expectation that you submit a progress report as part of this

application, since this is a new project period. You can as part of, you know, the response category in your organizational capacity talk about what activities you've done in the past. And that would be the place that I'd recommend to, you know, highlight some of the achievements that you've done in the past 12 months as well as previously.

(Mary Lucher): Thank you.

Jim Macrae: Sure.

Coordinator: Our next now from (Ross Brooks). Your line is open.

(Ross Brooks): Hi, Jim. Thanks for the guidance. I've got a couple questions. Early in the call, you mentioned that we would be getting info about how health centers are meeting or not Healthy People 2020 goals, the 19 key requirements, financial going concerns, and PCMH accreditation.

We know some of this as a PCA, but my question is -- formally, how will PCAs receive this information -- via our project officers or on a quarterly basis? When can we expect to receive that info?

Suma Nair: Great question. So we've developed state profiles that align with the metrics that are in the guidance and will give you the state level performance on those goals as well as the comparison points to the national performance. And, as Jim mentioned, we will be sharing that with all of the PCAs who we currently have. And all other parties can get that information by request through Denise. So it will give you a portrait of where your state is compared to the national on each of these metrics.

((Crosstalk))

Jim Macrae: And then in terms of updates, (Ross), I think that's part of what we're trying to work out is whether we do something then monthly in terms of these reports or at least quarterly -- in terms of being able to give you that kind of information on a more real time basis.

(Ross Brooks): Great. And then second quick follow-up question -- special populations, Jim, you mentioned the homeless, public housing, and migrant farmworkers at 330 special pops. We also know that there are initiatives around HIV and AIDS and LGBT and other groups. Any guidance for us on what to include in special pops and what not to?

Jim Macrae: Well, definitely -- in terms of the three statutory required -- there is an expectation that at a minimum you all do that piece. If you want to broaden out and take on a larger role in terms of, you know, the different special populations categories that's absolutely acceptable. But in terms of the requirements, it's the three statutory required.

(Ross Brooks): Great, thank you.

Jim Macrae: Sure.

Coordinator: Our next now from (Jodi Samuels). Your line's open.

(Jodi Samuels): Hi, thank you. Yes, I had a couple of questions specifically about the year or the budget year. Since we're currently funded, we have an extension until August 31. So when we're looking at our budget years -- for year one, for example -- are we looking at September 1 to August 31 or are we looking at

September 1 to March 31, like with our previous funding periods? And just sort of similar question for the whole five year project period -- are we actually looking at new budget year periods now that are all September 1 to August 31 or are we still somehow incorporating that March 31 as well?

Denise Nguyen: In terms of the first -- the budget you need to put for the first year in this competing application is for a 12 month period starting on September 1. And then, that's what you'll need for your competing application. What we intend to do, however, is provide a pro-rated amount of funding for the first year to align you back within -- all awards will be aligned to be April 1 starts ongoing.

So we know that it's going to be a little awkward, but in terms of making sure that you have -- we all have -- we have competitive applications, that all are looking at the same time frame, we need the first year to be a full 12 months budget request. And then we'll make any modifications next year on our end to adjust it for a more limited first year project budget period.

(Jodi Samuels): Okay -- and then just to clarify then -- if we're looking at the remaining years -- the subsequent years -- are we still looking at 12-month periods for each subsequent year?

Denise Nguyen: Yes, they will all be 12-month periods, but they will be shifted to an April 1 start after the first award.

(Jodi Samuels): Okay, thank you. That helps to clarify. And then -- on the work plan with all of the character limitations -- are those character limits per item in the work plan -- like if there's two to five items -- or is that project character limit for the entire content that we'll be putting for that? So for example, is it, you know, 200 characters per item or 200 characters for two items?

Denise Nguyen: Oh, it's per character limit for each of the components. So, for example, for a key focus area, that limit is -- the limitation is for that particular component only. It's not for the entire section.

(Jodi Samuels): Okay, so it's -- so if a section has more than one component listed in it, the character limit is per component, not per - for the entire section.

Denise Nguyen: Correct.

(Jodi Samuels): Okay, and then lastly, in the performance measures also there's the term -- Health Center Program Grantees is used in terms of some of the percentages -- the quantitative performance measures. And I know that we are intended to provide assistance to both existing and potential health centers. So, when that term is used -- Health Center Program Grantees, especially with some of those quantitative performance measures -- what exactly does that term refer to -- definition?

Jim Macrae: Yes, that refers to the federally funded health centers in a particular state. And for right now, that's the data that we have available in terms of the requirements section. It is something that we've talked about doing with the look-alikes, in terms of having conditions on awards. But at this point, we do not have that kind of data and information available.

So, we're asking folks to utilize the Health Center Program Requirement Conditions Report that we'll make available to you shortly.

(Jodi Samuels): Okay, great. Thank you.



Coordinator: And our next request now is from (Pat Morrow). Your line is open.

(Pat Morrow): Thank you very much. I have two questions actually. The first question is again regarding the performance improvement goals. I understand that it sounds like the information that's going to be provided will be provided in aggregate. Will there be any other type of -- or is there thought of any other type of information that would be more specific that we could get that would help us with individual health centers?

Jim Macrae: For this application guidance, the only information that we will be able to provide is at the state level, in terms of having it be available to any potential organization that wants to receive that information.

(Pat Morrow): I see. So it's -- basically we would just be going to our members themselves and asking them and relying on what they're giving us back for identifying issues.

Jim Macrae: Well again, I think that gets to -- yes, I mean, you can definitely do that. I think it also gets to -- I know many primary care associations and others do needs assessments and other activities to identify what resources are available. I think you all also have received, in the past, information from our grantee survey that identified some key TA and training areas, which may be helpful in terms of that kind of information too.

(Pat Morrow): Sure, true. Okay, and the second question that I have is around the budget. I understand how they're going to work relative to the 9/1 start date and then the award, when received, would be on a prorated basis. However, the budget -- if we're putting it in for a full year -- the costs associated with that budget are for 12 months. And if we have -- received a prorated reward of,

say, 7 months, costs wouldn't necessarily align or you wouldn't have enough funding to complete those costs within that seven months. You'd have to throw it into the file on the year at that time. Is that correct?

Jim Macrae: Yes, basically -- and we apologize. One of the things that we had to do this year was actually extend all the Primary Care Associations' budget and project period by 5 months. And so, we -- in terms of the money that we have available for the rest of the year -- we will only have money to be able to fund you back through April -- or back through the end of March of next year. But for application purposes and for a competitive process, we need to receive a 1-year project work plan, as well as a one year budget period.

So, you know, and that amount that you may apply for is the same as the amount that you received this past year. So, in terms of the prorated amount, you'll receive, you know -- assuming you are the winner of the ORC - - you would receive 7 months of funding to get you through March 31.

(Pat Morrow): Okay, all rightey. Thank you.

Coordinator: And our next request now is from (Larissa Moore). Your line is open. And that line has disconnected. (Greta Stewart), your line is open now.

(Judy Grant): This is (Judy Grant) with Oklahoma PCA and thank you for taking our question. We wanted to clarify that the activities are the -- the activities are per TA focus area, rather than goal. You could have multiple activities within the TA focus area. Is that correct?

Denise Nguyen: Yes, you can have multiple activities. So, for instance, the list of TA focus areas are pre-defined. For instance, for program requirements, you would

select three from that list. And then, within each of those TA focus areas, you have to provide at least two activities.

(Judy Grant): Okay, great. Because otherwise we wouldn't be able to present our program. Also, the character limits -- as someone asked earlier, just to clarify -- are per activity, not per section.

Denise Nguyen: Yes, per activity. So, for instance, for your activity one, you have 200 character limit for that. And then for activity two you have another 200 character limit. And in the EHB system too, what's neat about it is as you're typing, it's going to deduct the number of characters. So you'll be able to track it. Refer to -- you can also refer to our sample work plan posted on the website.

(Judy Grant): Thank you.

(Marilyn): And this is (Marilyn) from Oklahoma PCA. I just wanted to ask about program income. Does program income need to be budgeted in this in any way or is it strictly the grant funds that we're going to be showing the budget for?

Jim Macrae: It's strictly the grant funds.

(Marilyn): Okay, thank you.

Jim Macrae: Sure.

Coordinator: Thank you both. Our next request now from (Cathy Davis). Your line is open.

(Cathy Davis): Thank you so much. Hello everyone. Hope all is all well. This is going back to the program requirements again. I just want to make sure that I have this right. In Section A, it's three out of the five, correct?

Jim Macrae: Yes, that's correct.

(Cathy Davis): In Section B it's all four. It's two clinical and two financial.

Jim Macrae: Yes, that's correct.

(Cathy Davis): Okay, and then in Section C it's all seven.

Jim Macrae: That's correct.

(Cathy Davis): Okay, so now when we get to EHB and we do the work plan, is it populated this way or are we typing in headings as well? Does it look exactly as the sample does or -- I'm asking how much population is already there.

Denise Nguyen: Yes, so when you're in EHB -- those four sections on Slide 17 -- that's what you're going to see in the dropdown menu.

(Cathy Davis): Okay, so it's a dropdown menu.

Denise Nguyen: Yes.

(Cathy Davis): Okay, we'll play with it.

Denise Nguyen: And yes, it's a dropdown menu. And, you know, please refer to the PCA User Guide, because screenshots are in there.

(Cathy Davis): Okay, and then one other question on the financial performance measures. Where it says percentage of health centers without a going concern issue, I assume that that means those that don't have a condition on their notice of grant award. Or is there another definition?

Jim Macrae: It's actually -- it's another definition. It's actually a going concern that's noted on their audit, which basically means there's a concern by the auditors of whether the organization will be able to continue to operate in the future. There's more concern.

(Cathy Davis): Oh, okay. So that's the only one that that pertains to.

Jim Macrae: Yes, that particular one, yes.

(Cathy Davis): Thank you so much.

Coordinator: And now (Jessica Yanow), your line is open.

(Jessica Yanow): Hi, thank you. I just had a question regarding the work plan versus the budget justification. So from what I understand from the guidance, the work plan is a 12-month period, as was mentioned. But we are to do a 5-year budget justification. Can you provide just a little bit more clarification on that?

Denise Nguyen: Yes, so because you're requesting for a 5-year project period, we need to, you know, get information in advance, so that when it goes into objective review they can assess all of that information for the 5-year project period.

(Jessica Yanow): So if we can't predict -- because we're doing an annual TA assessment -- if we can't predict necessarily what the specific TA needs might be 3 years down the line, instead we should just be setting money aside and saying it's for specific TA and training needs, in terms of justification for future budget years?

Jim Macrae: Well, generally speaking, yes. But in terms of the budget itself, it -- the categories of that are not specified down to the technical assistance or training. It's more staff and different things like that. And, as Denise said, what we're doing in this competitive process is -- and I know it's confusing because it's federal grant rules -- but basically what we are doing, once these awards are made, is awarding you potentially money for up to 5 years, but for us to be able to do that, you have to request it for the 5 years.

Now we recognize that that's probably not realistic in terms of having a work plan -- year 2, year 3, year 4, year 5. That's the expectation that you'll update that as part of your progress report. But for us to be able to allow you just to submit a progress report in year two with an updated work plan and then in year 3 and then in year 4, you have to request the money. Otherwise, we have to do a new competition every year.

So basically, what we have encouraged folks to do is to do your best in terms of projecting what those resources would look like based on the budget presentation. You know, and what we've encouraged folks to do is, you know, make your best estimate of what that would look like in the out years.

(Jessica Yanow): Great. Thank you so much.

Jim Macrae: Sure.

Coordinator: Our next request -- (Laura Sicilic) -- your line is open.

(Laura Sicilic): Thank you. I have a couple questions. First, with respect to the clinical performance goal around patient center medical home recognition, we have a local state certification process. Is it allowable to be looking at our goal with respect to that certification as opposed to NCQA or another measure?

Jim Macrae: That's something that actually has been asked in a couple of different venues. I think we would definitely want to engage with you in terms of what that does look like at your state or local level. You know, I think for the purposes of the activity that you're going to propose, I think you can definitely use that information, in terms of saying what your goal is.

We will, again, also provide you what is available at the national level, in terms of what we're aware of, from either NCQA, the joint commission, or AAAHC.

(Laura Sicilic): So we may or may not -- we'll still need to articulate a target related to those national standards, even though typically here locally we -- our certification's based on a different standard.

Suma Nair: Be sure to send your information in to Denise and we will look at it. What we've been doing in the past, as Jim has mentioned, we've looked -- especially if it's a state level certification that's being used widely across and the elements and domains are very similar to the national recognition standards -- we view that favorably.

But we need to make sure that they are on par with the national expectations. Usually the state level ones are on par and even exceed the national. And where that makes sense, we want to then be able to recognize that as well as this -- towards this goal.

(Laura Sicilic): Okay. My second question is regarding information on key personnel. So, as I read the staffing plan, we're required to include information for any staff position that has funding included within the grant. However, when I look at both requirements for position descriptions and biographical sketches, it refers to just key personnel.

So, just want to confirm that. And do you have a definition of key personnel? How deep do you need us to go with those two items?

Denise Nguyen: Yes, so for the staffing plan, it's for all staff involved in this cooperative agreement. And then in terms of the bio sketch and the job descriptions -- position descriptions -- that's for only key personnel. And that's the key people or the program leads that work directly on this project. So it could be the CEO, CFO -- just the main people that are going to be directly working on this. Does that help?

(Laura Sicilic): It does. I mean, I think everyone we're funding is working directly on it. But what I'm hearing is people with sort of oversight responsibility?

Denise Nguyen: Yes.

(Laura Sicilic): Okay. Thank you.

Jim Macrae: You're welcome.



Coordinator: Thank you. Our next now from (Brenda Thompson). Your line is open.

(Brenda Thompson): Thank you. Just a couple of quick clarifying questions -- those state profiles that you mentioned, I mean, did you say they're going to be available soon?

Jim Macrae: Yes, shortly.

(Brenda Thompson): Okay, and so is there a date you can give us? Because -- where, if we haven't received it yet, we should be contacting you?

Jim Macrae: If you don't receive it by the end of next week, definitely contact us.

Denise Nguyen: And it would come in an email that would have the name in the subject line of Tracey Orloff connected with the report.

(Brenda Thompson): Okay, perfect. Thank you. And will those profiles include any information related to those financial performance measures?

Jim Macrae: Yes, it will include all of the different performance goals that we've laid out.

(Brenda Thompson): Perfect, thank you. And just to confirm that I understood the budget correctly -- in Table 4, Attachment 5, where it says year 5 budget, does that mean we're uploading a 5-year budget?

Denise Nguyen: Yes you are. You are uploading Sections A and B only -- of the SF-424A.

(Brenda Thompson): Okay, perfect. Thank you.

Denise Nguyen: You're welcome.

Coordinator: Thank you. (Kayla Lewis), your line is open now.

(Kayla Lewis): Our question's been answered. Thank you.

Coordinator: Thank you very much. (Amanda Vias), you line is open.

(Amanda Vias): Hi, good afternoon. My question pertains to -- in the guidance it's actually Page 6, it's under the PCA rules and responsibilities -- the last bullet under the -- in addition to the cooperative agreement recipient shall provide written documents whose creation or publication is supported with HRSA funds to HRSA for review clearance prior to their issuance -- I just wondered if you could elaborate a bit on that, in terms of, you know, is that if we're including publications to be, you know, made while we're doing this current work plan?

Or, you know, are you looking for us to have more publications? Or just what were you looking for in that bullet?

Jim Macrae: Yes, basically this is something that is an expectation of all HRSA cooperative agreements. That any activity that is funded directly out of a cooperative agreement, we ask that that be submitted into us for a review. And primarily the review is not to change the content, unless it is a policy or lobbying type activity, and then we will make it clear that that cannot be supported.

It's also to make sure that appropriate disclaimers and other activities are included on the publication itself. So that's just a general expectation with any activities that are funded out of the cooperative agreement itself.

(Amanda Vias): Right, okay. Thank you.

Coordinator: Thank you. And (Steve Seeley), your line is open.

(Steve Seeley): Thank you. My first question is for the regional zone by states on the call. The data that's going to be supplied to us -- is that going to be aggregated for us or is it going to be by individual states and then we should aggregate it?

Suma Nair: Yes, we will be giving you the states that are within your purview -- the information for each state.

(Steve Seeley): Okay, great. Thanks. Second question is about the contracts and Attachment 7 -- the Summary of Contracts. Our understanding there is that if we're contracting with another entity that does a substantial portion of the work that would be included. What if we're entering contracts with entities such as say, another PCA, to co-present a conference, for example. Would that also fall within this?

Denise Nguyen: Right. Essentially it's the contract that you'll be using your federal grant to support the technical assistance activities. So anything that has a significant impact on the activities that you're doing -- any of those contracts -- you'd need to summarize.

(Steve Seeley): Okay. Thanks. One last question -- I'm not real clear on the relationship in Section B between the performance measures and the goals. I wonder if you could clarify that a little bit?

Jim Macrae: I'm sorry, can you repeat that again?

(Steve Seeley): Yes, in Section B, Jim, the four goals are stated -- the Healthy People 2020, PCMH, and the financial. And then the performance measures don't -- they don't appear to line up 100%. I may just need to understand it a little bit more, but can you talk about the intent there?

Jim Macrae: Yes, I mean, I think the expectation -- and this has been a general question that some PCAs, those agents have actually expressed to me as they've looked at these goals -- and they are - they've said to me -- well, we're a PCA. How can you hold us accountable for the performance of health centers? And, I mean, that's a larger issue. And I very nicely say back -- well, how can we be held accountable for the performance of the individual health centers when we're not the ones, for example, putting shots in kids' arms?

The reality is that we're all accountable for the performance of health centers. So what we're asking you to do is to give us your best estimate of what the goal is. And basically, use the data and information that we're providing to you that, you know, what's the goal. And then what you're proposing in your work plan is how are you going to address and get to that goal. To get more at the specifics in terms of what the expected outcomes are, though, we've allowed in the actual work plan for you to say -- okay, yes, we're working toward this larger goal, but by this activity done by this person by which date, we expect this outcome to actually be accomplished.

And that's something that you, in particular -- or in theory -- should have more control over, depending on how you specify that outcome. You know, we will have completed X number of trainings. We will have increased retention rates by X percent. We will have done this, this, and this. So that's the -- large in terms of the goals versus expected outcomes.

In terms of your particular question, the performance measures really are related -- in terms of the information that we provide -- about the cost per patient, as well as the financial viability of health centers. So in terms of the measures that we have traditionally provided to health centers -- and I think we've done rolled up reports to primary care associations -- those two measures that deal with cost per patient, cost per visit really deal with that first performance improvement goal, related to helping keep costs below the national average.

The second goal really relates to those three audit measures that we've done in the past -- working capital, I think, debt to equity ratio, and I can't remember the third right off the top of my head. But those really are indicators of your ongoing financial viability. So if you are able to address those different measures, it actually will impact on whether an organization actually has viability with respect to an auditor.

So there is an alignment, in terms of the goals. It may not be as clear. And I think as you get more of the data and information from us, it will become clearer.

(Steve Seeley): Great. That was very helpful. Thank you.

Jim Macrae: Sure.

Coordinator: Thank you. (Lisa Olson), your line is open now.

(Lisa Olson): Hi, thanks for taking my question. Regarding the clinical performance measure related to the Healthy People 2020, the specific measure states -- number of grantees that meet or exceed one or more Healthy People performance measure goals. I know soon that you'll be sending that information, but I'm just curious what that's going to look like, because there are about a million Healthy People 2020 goals.

Jim Macrae: Yes, what you'll receive are the performance measures on the six clinical measures that health centers currently are reporting on or reported on in 2010. So it's actually are they exceeding Healthy People 2020 goals for those six measures. And what you'll have is a composite one that says -- what percent of your health centers overall are exceeding at least one of those measures.

Then we actually will provide more detail for each particular measure, so the percent of health centers that are exceeding the Healthy People 2020 goal for immunization rates or cervical cancer screening or all of these different things. So we'll provide it the way the measure is currently written, but then we'll provide more specificity down to the individual measure. But it's only on those six measures that health centers report on.

(Lisa Olson): And the percentage goal that we're supposed to come up with is then related to the composite?

Jim Macrae: Yes.

(Lisa Olson): Okay, and then same for the next financial performance measure, as it relates to cost increase less than the national average. Is that based on primary care, dental, Medicare, Medicaid? Will there be a menu of options, in terms of what the national average is related to?

Jim Macrae: No, it's literally -- it's related to the cost per patient of health centers and that increase from year to year. And what we benchmark that against is the national expenditure survey for -- I want to say ambulatory care. I just -- I can't remember it off the top of my head. It's in the guidance itself -- is the reference point. Where is it in terms of that measure?

But we're actually held to that standard nationally. It's one of our performance measures that we have to report on annually to the Congress, in terms of how well health centers are doing in terms of not exceeding the national growth rate of costs. It's actually the National Health Expenditure Survey. And there's a link on Page 21 of the slides at the very bottom that you can access.

(Lisa Olson): Thank you so much.

Jim Macrae: Sure.

Coordinator: Thank you. Our next from (Andrea Arthur). Your line's open, ma'am.

(Andrea Arthur): Hi, good afternoon. I was just wondering, since these are dollars for training and TA, are we expected to provide training and technical assistance free of charge? I'm just thinking like if we do a statewide conference or the cost associated with the webinar, can we charge them to cover things like food

and stuff like that? Or because these are training and TA dollars, are we expected to provide those at no cost to health centers?

Jim Macrae: That's a great question. We actually have gotten several inquiries about that. We're actually working on the Q&A, so we will provide that, because there's some nuance to the question that we just want to make sure we're clear on. The general expectation is that the technical assistance and training will be available to all health centers in the state, irregardless of membership.

The question has become -- well, what about some of the operational costs like travel and, as you said, food and other things. And we just want to get clarification on that from our grant staff. So we will provide a Q&A for you to answer that specific question. But the general answer is -- it should be affordable and accessible. It should be available to all health centers in the state, irregardless of membership. And the only part that we're sort of working with our grant staff on is that additional cost that sometimes come into play with respect to food and travel costs and meeting stays and things like that.

(Andrea Arthur): Thank you.

Coordinator: Now if you do have a question, please press star then 1. My next now is from (Kim Martin). And your line's open.

(Kim Martin): Hi, good afternoon. I was just wondering if you could confirm that the amount that we're putting in our budgets for each of the 5 years should be no more than what's in Box 19 of our NoAs now.

Denise Nguyen: Yes, that's correct.



(Kim Martin): Okay, thank you.

Coordinator: And my last at this time from (Cathy Davis). Your line is open.

(Cathy Davis): Yes, hi. I just want to go back to the staffing plan, just for clarification. For -- as an example, we have an emergency preparedness person who's completely paid for by the state of New Jersey. So that person, you -- we would not put in the staffing plan. You just want to know about the function, correct?

Jim Macrae: Yes, that would be great. I think the other piece that I would do, with respect to that, (Cathy), is either show the MOU or the agreement that you have as part of the collaboration section. I think that would be helpful, in terms of what, you know, you're actually doing with respect to the state.

(Cathy Davis): So it's a grant that I get from them, so you would like a copy of the grant?

Denise Nguyen: Or just a summary of the activities that are supported with that. But you need to make sure that this is -- that the budget and the staffing profile are only the dollars that you'll be getting through this grant. But you can discuss other activities that might be related to it as part of the application. But -- and some of the activities that you're proposing may have connections with other things that you're doing. But for all intents and purposes, what you're proposing in this application are those things that will be supported by these grant dollars -- these cooperative agreement dollars.

(Cathy Davis): Okay, because that also plays into the Regional Extension Centers and all the other outside dollars that we get. So those are functions that we should

include. I understand that. But the listing of what we do should be in my discussion points or my narrative, but without showing those staff, correct?

Denise Nguyen: Right, so you really do need to keep this focused on, in terms of the activities, the staff, what you're going to be doing on the dollars that you have available or are requesting through the cooperative agreement. You can talk, as Jim said, to your collaboration section and other parts of the narrative -- those things that may be connected to what you're proposing under this through other activities or that are supported through other...

(Cathy Davis): Okay. Thank you.

Coordinator: Thank you. (Chris Robinson), your line's open.

(Chris Robinson): Great, thank you. Question is on -- in the guidance on Page 5, under the performance measures, it's just really a clarification of a term. Under financial performance improvement goal number two, the term is going concern issues. Can you clarify what that is, please?

Jim Macrae: Yes, and we will definitely do a Q&A on this to explain it. But these are basically findings that an auditor identifies as part of their annual audit that are required of health centers where there's concern about the ongoing viability of a health center. And so what they identify are going concern issues, which can deal with anything from, you know, ongoing financial viability to not being able to meet payroll, to other issues that may come up.

It's a term of art that we utilize for our health centers and it's helpful for us to identify who has been identified by an auditor as potentially having some financial difficulties within the next year. So, we'll provide a better Q&A, in

terms of explaining exactly what that is. And then, as we've shared before, we'll make sure you have the data too.

(Chris Robinson): Thank you.

Jim Macrae: Sure.

Coordinator: Thank you. (Julie Hulsing), your line's open.

(Julie Hulsing): Hi, thank you so much for all your great explanations. I have two quick follow-up questions, hopefully. One is regarding the -- (Steve's) question regarding the summary of contracts. And I'm just wondering if you guys have a certain dollar threshold. We have a lot of smaller contracts with speakers and presenters and IT folks -- that sort of thing. Are those counted or do those need to be reported on?

Tonya Bowers: Essentially it's for the contracts that would be for a significant part of the work that you're doing, so not those individual contracts you might have with a speaker or an individual contract you might have with somebody to support your IT work. It's really for contracts that are for a significant part of that work that you're going to conduct under the cooperative agreement.

(Julie Hulsing): Okay, thank you. And then secondly, regarding the bullet on Page 6, where we have to provide written documents for review in clearance prior to issuance, I'm wondering to whom do we need to provide those to. And again, sort of is there a threshold. I mean, does that mean our newsletters, survey results -- what sort of items are you thinking of?

Jim Macrae: Definitely provided through your project officer -- we actually have a whole process that we go through here in terms of our review. And in terms of the specific types of publications, we'll clarify that, whether it includes newsletters, publications, and other activities. I think generally speaking, most of the newsletters and other activities are typically supported outside of the grant, because a lot of them deal with advocacy and other activities. But I know for some, it may include just informational alerts, which are something that we would want to just take a look at. So I -- (Tracey), did you want to add one thing?

Tracey Orloff: Yes, I was just going to say that, you know, for instance an issue brief on a particular topic that all the health centers are working on would be a real typical kind of thing that might come through that we would be reviewing to make sure that, you know, just policy-wise and, you know, it had the right disclaimers and things like that.

Another example might be, you know, let's say, you know, a manual or a guide or something -- but pretty much that kind of stuff. There's not a lot usually that comes through PCAs on that, but something like that.

(Julie Hulsing): Thank you. And then, just out of curiosity -- a lot of our stuff is time sensitive. So after we submit it to our project officer, can we - will it be returned to us in a prompt fashion?

Jim Macrae: Minimum of 6 months.

(Julie Hulsing): That sounds doable. All right, thank you.

Jim Macrae: I'm just kidding. We have a review process and that's part of what we'll get at. We typically try to do it within a week or two at the latest.

(Julie Hulsing): All right. Thanks, Jim.

Jim Macrae: Yes.

Coordinator: At this time, my last request is from (Stephanie Lindeman). Your line is open, ma'am.

(Stephanie Lindeman): Hi, thanks for taking my question. I just had a follow-up on (Cathy's) question. We have a similar situation here in New York with our EP program and we're -- we actually have a contract with the state. And so I understand we wouldn't list those folks on the staffing plan or in our budget. But would those activities be included on our work plan -- on our 12-month work plan?

Denise Nguyen: I think you can describe those as part of your collaboration and how they would be integrated into the activities that you would be using your cooperative dollars to support. So you can integrate how those are related, but really this cooperative agreement is supposed to speak to the dollars that you're receiving and the activities that will be supported through this cooperative agreement.

So you can find ways to weave in how they're -- other activities might be related. But this -- the main focus is expected to be on this cooperative agreement.

(Stephanie Lindeman): Okay, thank you.

Denise Nguyen: Sure.

Coordinator: Thank you. And at this time, I do have no further requests.

Jim Macrae: All right, well a huge thank you to (Denise) and all the staff here that helped answer the questions. If you do have other questions about the guidance, please do not hesitate to contact us. What's the contact information again that they can send any questions into?

Denise Nguyen: Oh, the email is [bphcpca@hrsa.gov](mailto:bphcpca@hrsa.gov).

Jim Macrae: And we will also have up a set of frequently asked questions. I think we may have some up already and we will, of course, add to those based on the conversation that we had today. And we know that we have a couple of questions, in particular, that we need to get back to you, as well as the data and information which will be coming out by the end of next week.

So, a huge thanks to everybody for participating on today's call. And we look forward to receiving your applications. Thanks, everybody.

Coordinator: Again, thank you everyone. Conference is now concluded. All lines may please disconnect.

END